

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be reimbursement for date of service 2-20-02.
  - b. The request was received on 8-6-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Prescription dated 2-20-02
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Prescription dated 2-20-02
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 9-3-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 9-4-02. The response from the insurance carrier was received in the Division on 9-17-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 8-27-02:

"The disputed issue is that the Carrier has denied payment for the item stating in order to review this charge we need a copy of the invoice detailing the cost to the provider. We resubmitted the claim to the Carrier requesting payment as TWCC does not require us to provide copies of invoices. The Carrier denied the request for payment stating the same."

2. Respondent: Letter dated 9-17-02:  
 “As the code E1399 is an unlisted, d.o.p. code, the carrier REQUESTED SUPPORTING DOCUMENTATION FOR THE CHARGES. The provider includes the doctor’s prescription and letter of medical necessity. There is no mention of how this will benefit the patient.”

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 2-20-02.
2. The carrier denied the billed services as reflected on the EOB as, “N – IN ORDER TO REVIEW THIS CHARGE WE NEED A COPY OF THE INVOICE DETAILING THE COST TO THE PROVIDER.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
2-20-02	E1399	\$70.00	\$-0-	N	DOP	MFG; Durable Medical Equipment (DME) Ground Rules (IX)	<p>The carrier has denied the disputed service as “N – IN ORDER TO REVIEW THIS CHARGE WE NEED A COPY OF THE INVOICE DETAILING THE COST TO THE PROVIDER.”</p> <p>The Medical Fee Guideline does not require that the provider forward a copy of their invoice to the Carrier for reimbursement purposes. The Provider has billed within the durable medical guidelines.</p> <p>Therefore, reimbursement is recommended in the amount of <b>\$70.00</b></p>
<b>Totals</b>		\$70.00	\$-0-				The Requestor is entitled to reimbursement in the amount of <b>\$70.00.</b>

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$70.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 13th day of January 2003.

Lesa Lenart  
 Medical Dispute Resolution Officer  
 Medical Review Division  
 LL/ll